

Fig. 1

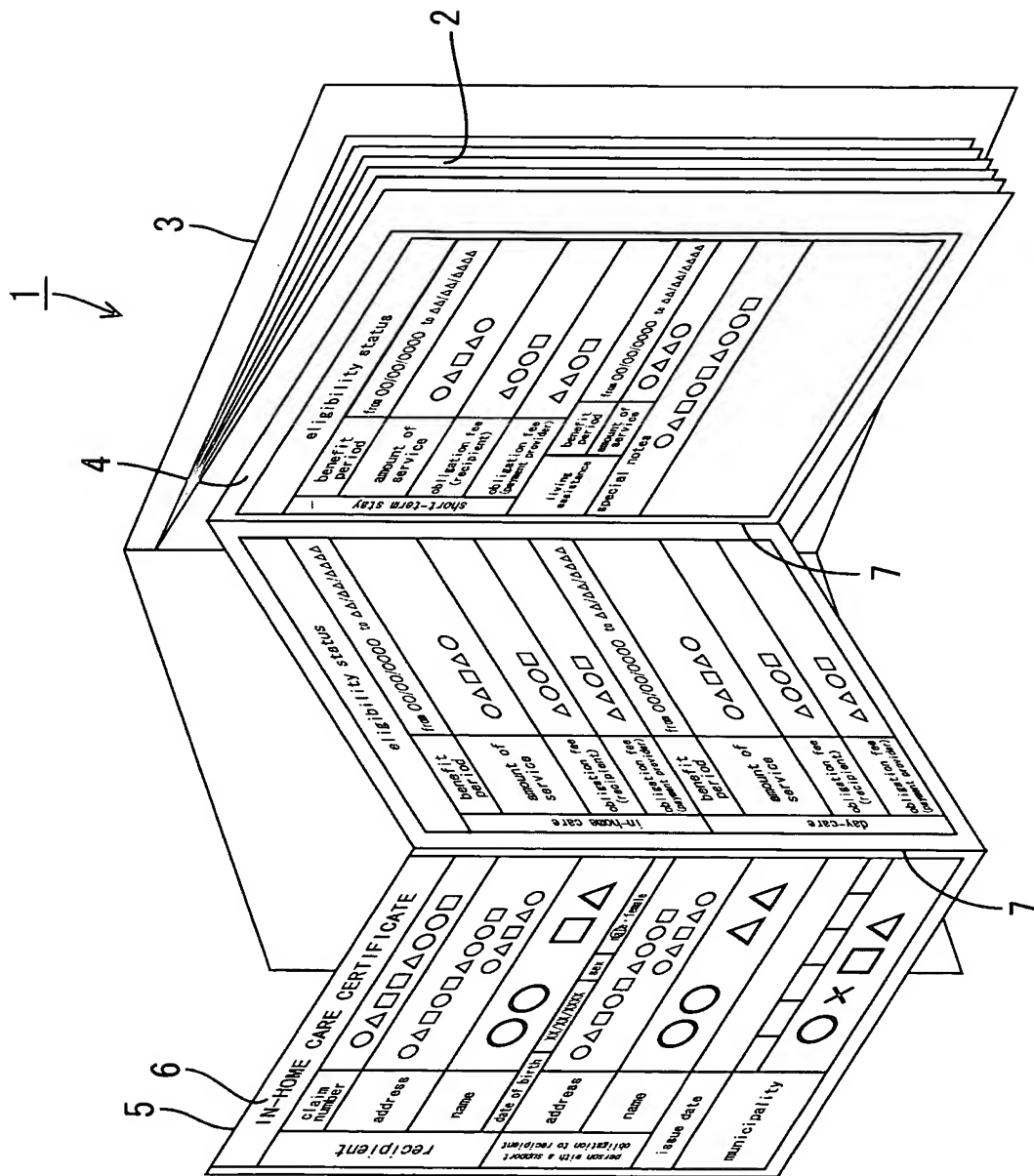


Fig. 2

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IN-HOME CARE CERTIFICATE		eligibility status		eligibility stat	
claim number	0000000000	benefit period	from 00/00/0000 to 00/00/0000	benefit period	from 00/00/0000 to 00/00/0000
address	0000000000 0000000000	amount of service	000000	amount of service	000000
name	00 00	obligation fee (recipient)	0000	obligation fee (recipient)	0000
date of birth	XX/XX/XXXX	obligation fee (payment provider)	0000	obligation fee (payment provider)	0000
sex	male	benefit period	from 00/00/0000 to 00/00/0000	benefit period	from 00/00/0000 to 00/00/0000
address	0000000000 0000000000	amount of service	000000	amount of service	000000
name	00 00	obligation fee (recipient)	0000	obligation fee (recipient)	0000
issue date		obligation fee (payment provider)	0000	obligation fee (payment provider)	0000
municipality	000000	benefit period	from 00/00/0000 to 00/00/0000	benefit period	from 00/00/0000 to 00/00/0000
		amount of service	000000	amount of service	000000
		obligation fee (recipient)	0000	obligation fee (recipient)	0000
		obligation fee (payment provider)	0000	obligation fee (payment provider)	0000
		special notes	0000000000		

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Fig. 3

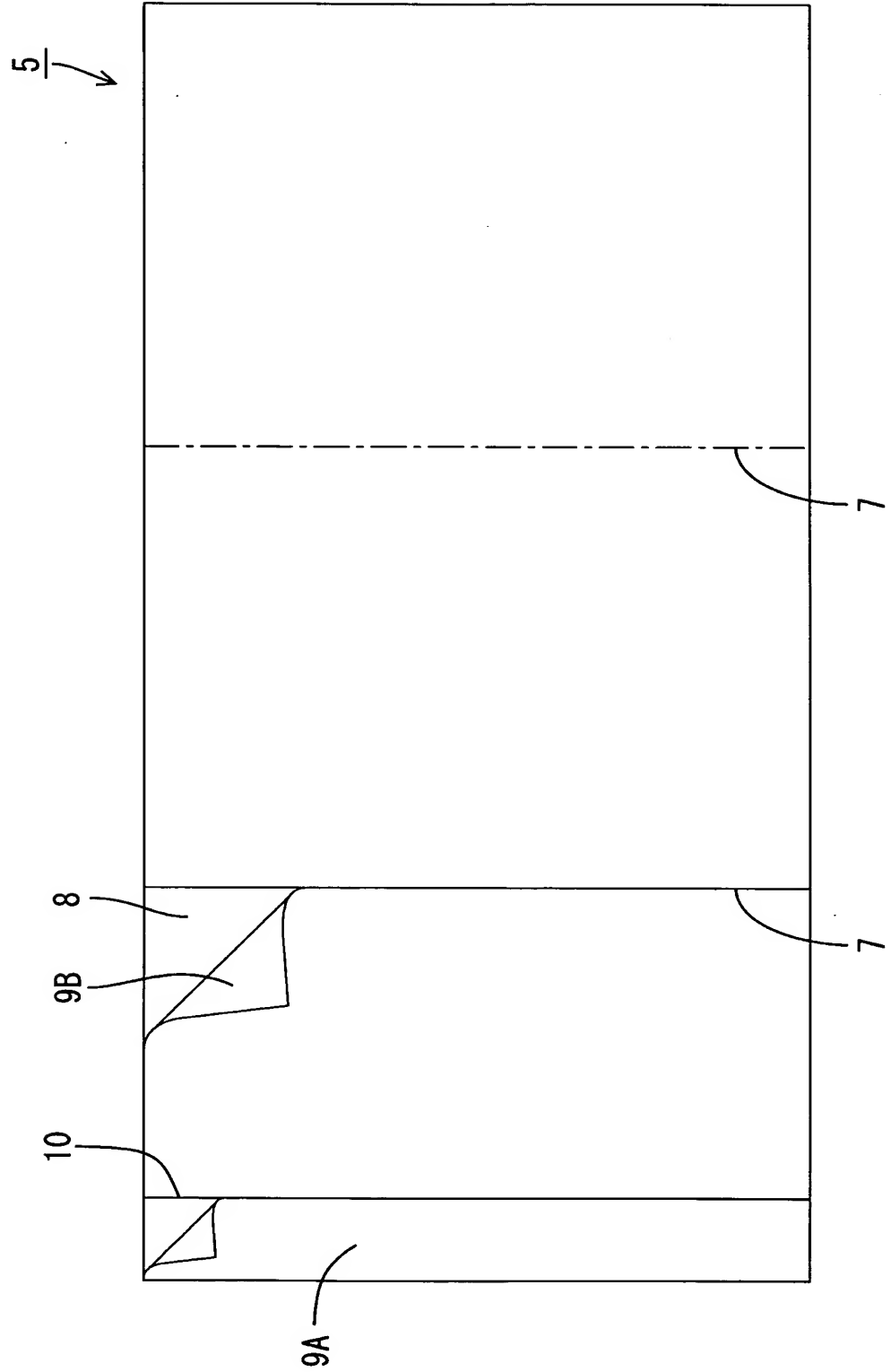


Fig. 4

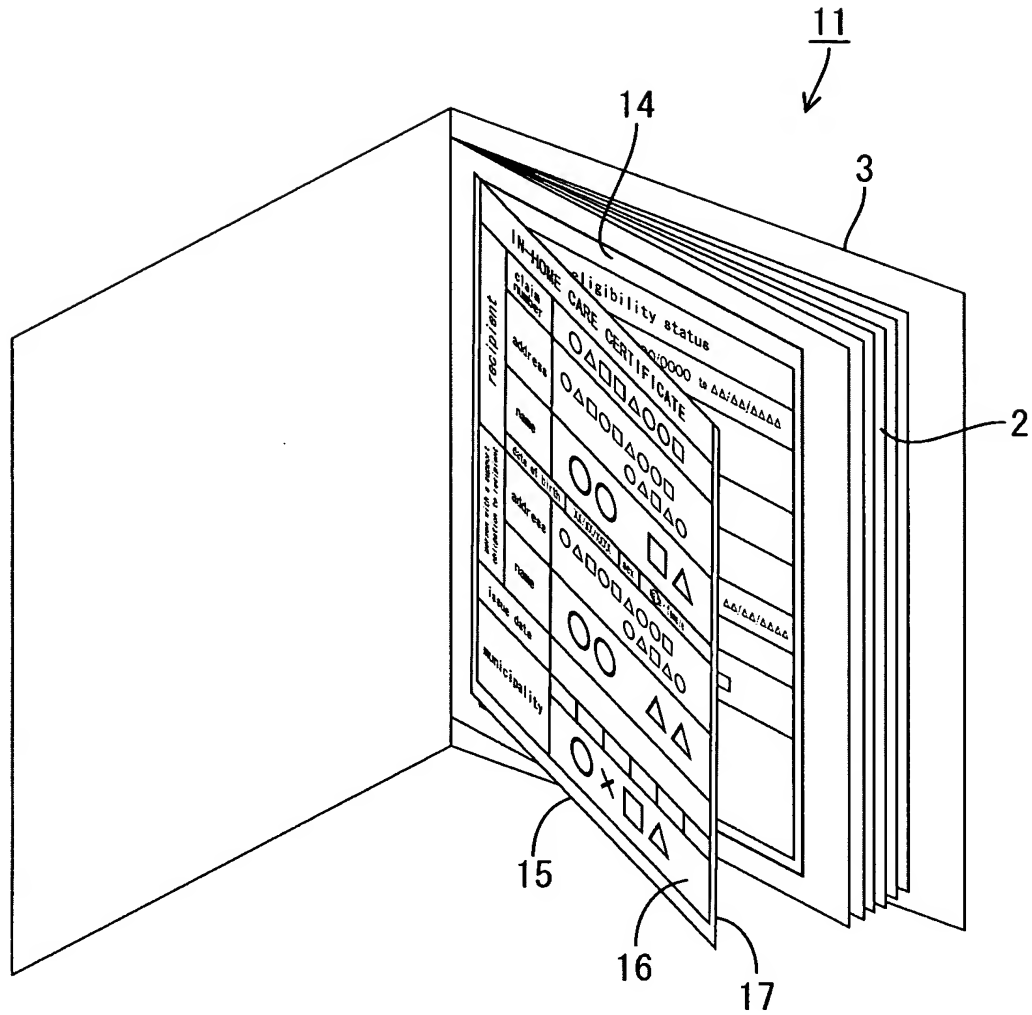


Fig. 6

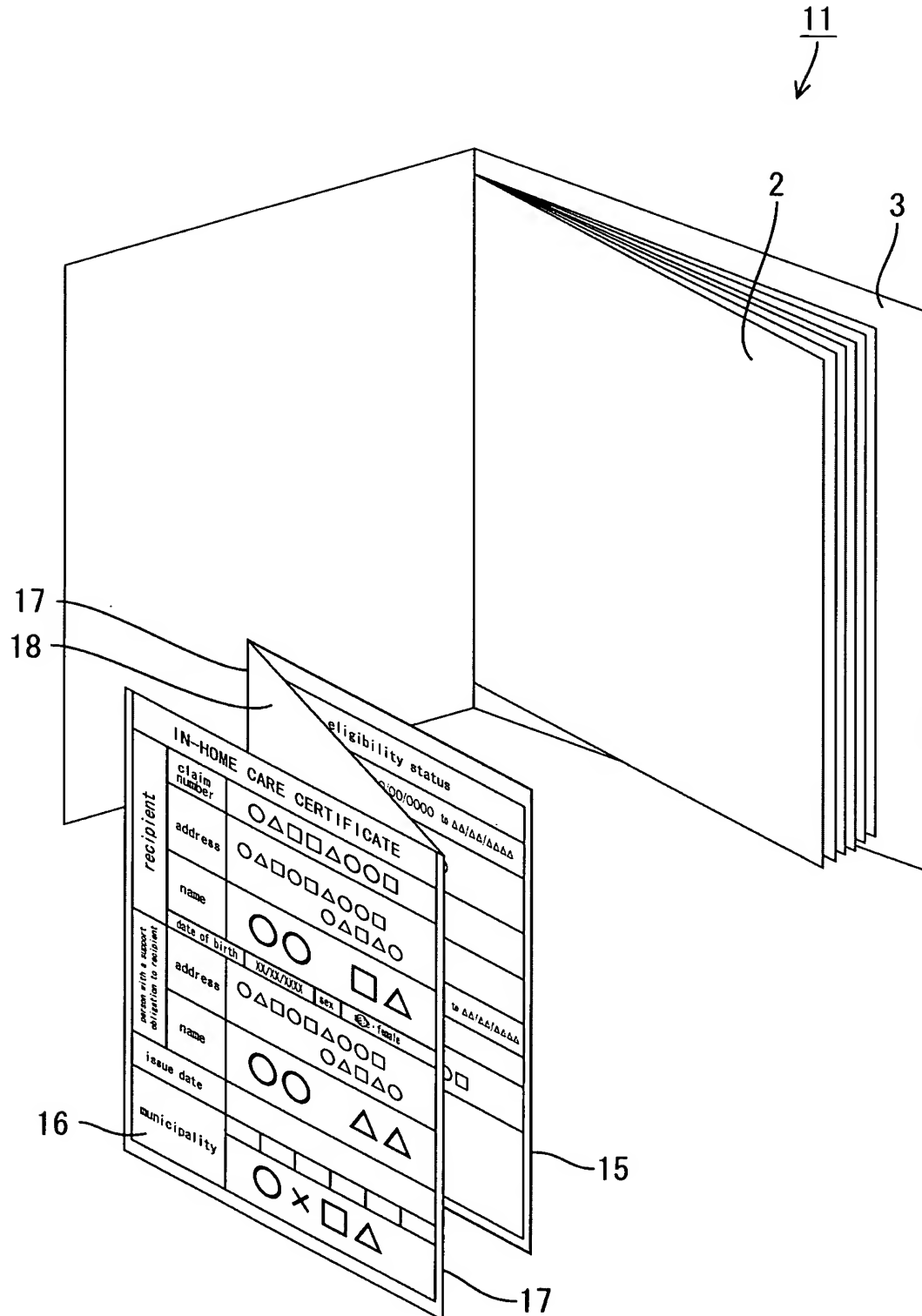


Fig. 7

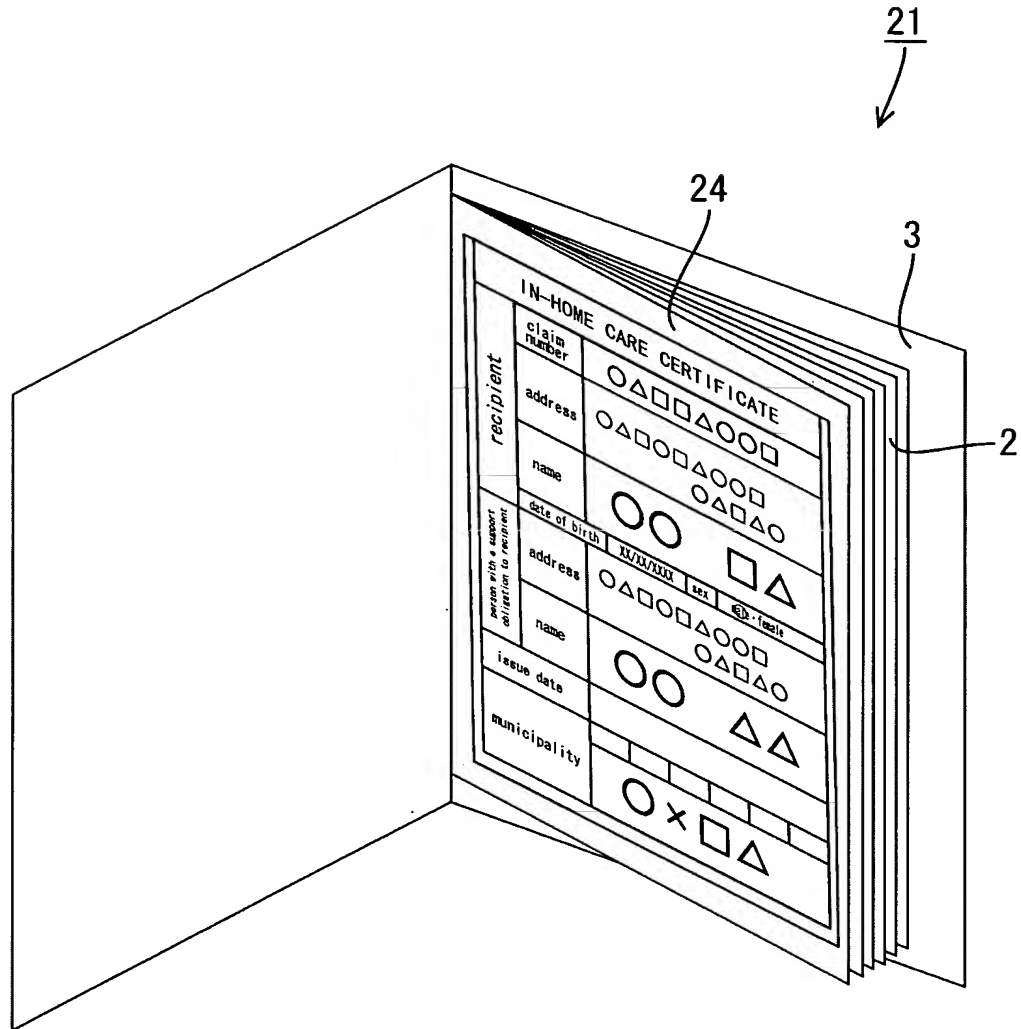


Fig. 8

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IN-HOME CARE CERTIFICATE									
recipient	claim number	OΔ□□Δ○○□							
	address	OΔ□□Δ○○□ OΔ□ΔO							
	name	OO □Δ							
person with a support obligation to recipient	date of birth	XX/XX/XXXX	sex	♂ - male					
	address	OΔ□□Δ○○□ OΔ□ΔO							
	name	OO ΔΔ							
issue date									
municipality		O × □ Δ							

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day-care				
benefit period		from 00/00/0000 to ΔΔ/ΔΔ/ΔΔΔΔ		
amount of service		OΔ□ΔO		
obligation fee (recipient)		Δ○○□		
obligation fee (payment provider)		ΔΔ○○		
benefit period		from 00/00/0000 to ΔΔ/ΔΔ/ΔΔΔΔ		
amount of service		OΔ□ΔO		
obligation fee (recipient)		Δ○○□		
obligation fee (payment provider)		ΔΔ○○		

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short-term stay				
benefit period		from 00/00/0000 to ΔΔ/ΔΔ/ΔΔΔΔ		
amount of service		OΔ□ΔO		
obligation fee (recipient)		Δ○○□		
obligation fee (payment provider)		ΔΔ○○		
living assistance		from 00/00/0000 to ΔΔ/ΔΔ/ΔΔΔΔ		
amount of service		OΔΔO		
special notes		OΔ□□Δ○○□		

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Fig. 9

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IN-HOME CARE CERTIFICATE		
recipient	claim number	○△□□△○○□
	address	○△□□△○○□ ○△□△○
	name	○○ □△
	date of birth	XX/XX/XXXX
person with a support obligation to recipient	sex	♂ - male
	address	○△□□△○○□ ○△□△○
	name	○○ △△
	issue date	
municipality		○×□△

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eligibility status		
from 00/00/0000 to ΔΔ/ΔΔ/ΔΔΔΔ		
in-home care	amount of service	○△□△○
	obligation fee (recipient)	△○○□
	obligation fee (payment provider)	△△○○
benefit period		from 00/00/0000 to ΔΔ/ΔΔ/ΔΔΔΔ
day-care	amount of service	○△□△○
	obligation fee (recipient)	△○○□
	obligation fee (payment provider)	△△○○

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eligibility status		
from 00/00/0000 to ΔΔ/ΔΔ/ΔΔΔΔ		
short-term stay	amount of service	○△□△○
	obligation fee (recipient)	△○○□
	obligation fee (payment provider)	△△○○
living assistance	benefit period	from 00/00/0000 to ΔΔ/ΔΔ/ΔΔΔΔ
	amount of service	○△△○
special notes		○△□□△○○□